

(Giving Employees Monthly Scoop) July 2003

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Our readers are important to us. If you have an idea or issue that you would like to see addressed in GEMS, or if you have an announcement to share with the staff, please submit them to Brenda Brandon by the second week of each month.

Brenda Brandon, Editor

FROM THE ADMINISTRATOR'S DESK

I was recently looking at a photo I have had in my office for several years. You may be familiar with it. It is called the "Rescuing Hug". It once again struck a chord with me and I would like to share it with you. We have reproduced it below.



The story that goes with this picture is a very moving one that has been published previously in many places. On October 17, 1995 at Massachusetts Memorial Hospital, twin girls were born each weighing only two pounds. One was not expected to live. On a particularly bad day little Brielle Jackson, was having a great deal of discomfort, irregular heart rate and difficulty breathing. A NICU nurse tried all she could think of including having the parents hold and try to comfort their baby daughter. Nothing was working and things were getting worse. Gayle Kasparian, the nurse, then recalled something she had read about a procedure used in England that got good results from placing both babies in skin contact with each other. With the parent's consent, Ms. Kasparian placed the dying baby next to her sister in one incubator. The healthier twin snuggled up next to her sister and almost immediately the smaller baby's heart rate stabilized and her temperature rose to normal. Her blood oxygen saturation levels, which had been dangerously low, soared. She began to breathe more easily and her frantic crying ceased. The healthier twin at one point placed her tiny arm over her sister and it was this picture that was forever captured by a newspaper reporter called to the hospital to witness this most amazing result.

This photo immediately became famous, was reproduced in both Life Magazine and the Reader's Digest and has more recently been once again popularized on several internet sites. This procedure and others like it have now become standards of care in many progressive hospitals.

It reiterates for me, the absolute value of personal physical contact with others that we all need. The hug can indeed be a rescue to someone else. Never forget to embrace those whom we love and care about.

Be excellent to each other, and be excellent to yourself. Art Cooper



Bio-Med Migrant Labor

ENVIRONMENTAL HEALTH DIVISION



ANNOUNCEMENTS:



And baby makes three for **Dinah** and Terry Gallon. Tyric Davis Gallon came bouncing into there lives on 6/3/03 at 12:30 a.m., weighing in at 6 lbs., 10 oz., 19 3/4 inches long. He is known to enjoy the nightlife and sleep the day away. Congratulations **Dinah** and Terry!

MARCH 2003 MONTHLY ACTIVITIESInstitutions / Facilities InspectionsNumbersMobile Home Parks
Group Homes (Including Childcare)
Food Services
Tanning Facilities
Pools
Water0
16
9
1
1
49
3

GENERAL INFORMATION:

If a person calls in to complain about a restaurant, please have them call Department of Business and Professional Regulations at Hotel and Restaurant. The number is 487-1395. If you have the 1-800-370-5170 number please note that it has been disconnected.

APPLICATION LIST:	
New Systems	26
Repairs	32
Existing	13
Abandoned	4
OSTDS PERMITS ISSUED:	
New Systems	31
Repairs	33
Existing	5
Abandoned	4
OSTDS FINAL APPROVAL	
New Systems	12
Repairs	12
Existing	0
Abandoned	0

PUBLIC HEALTH PREPAREDNESS DIVISION

20

00

OPERATION VACCINATE FLORIDA, STAGE II REACHED OUT TO FIRST RESPONDERS

Reach, teach, vaccinate and monitor. These are the goals of Operation Vaccinate Florida, Stage II (OVF II), which kicked off May 1. All first responders, including, fire-rescue, law enforcement and emergency medical services personnel, are encouraged to consider being vaccinated against smallpox in an effort to protect them and the general public in the event of a bioterrorist event using the disease. OVF II targets this group, while the first stage, OVF I focused on public health and hospital response teams.

OVF is aimed at creating a first line of defense against the transmission of smallpox by

developing a core group of vaccinated public health, hospital, law enforcement, fire and rescue and emergency medical personnel, who would be available to care for and investigate potential smallpox cases. Participation in the vaccination program is strictly voluntary. Should the need arise, LCHD would launch OVF, Stage III, which would make the vaccination available to the general public.

LCHD's Division of Public Health Preparedness has conducted educational programs for the Tallahassee Fire Department, the Leon County Sheriff's Office, the Tallahassee Police Department, Capitol Police, the Florida Highway Patrol and first responders in Taylor, Wakulla, Liberty and Madison counties. Sworn officers from the Department of Environmental Protection and volunteers from the Capitol Area Chapter of the American Red Cross also have participated.

Safety is the cornerstone of the educational initiative. Sessions include information on

smallpox, itself, and known risk factors associated with vaccination. The goal is to give officers the information they need to make a personal and voluntary decision about vaccination.

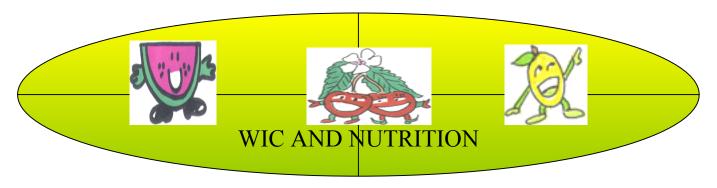
For more information, contact **Gloria Whitaker** at (850) 487-3162 or Gloria Whitaker@doh.state.fl.us.

A rare but Priceless Compliment:

Mr. Cooper had a pleasant phone conversation with a Mrs. Owens who was one of the volunteers who attended the training that Gloria Whitaker recently did at Orange Avenue. Mrs. Owens was extremely complimentary of Mrs. Whitaker's presentation, content knowledge and her overall demeanor of caring and professionalism. She wanted to be sure that management was aware of what a wonderful job Mrs. Whitaker does.

Thank you for helping us shine,

Arthur P. Cooper Administrator



Nutrition note: Summer is the peak season for raspberries. Raspberries are Vitamin C packed, ruby red, delicious fruit. When selecting raspberries, pick ones that are large, firm, and uniform in color. Do not wash the raspberries before storing them. Raspberries are very perishable. They keep in the refrigerator for one to two days. When you are ready to eat them, gently rinse under cold water. You can make the following recipe in less then one-hour, for a summer time dessert.

Raspberry Pie:

4 c. fresh raspberries, divided

1/3 c. water

³/₄ c. sugar

 $7 - \frac{1}{2}$ tsp. cornstarch

dash of salt

1 pastry shell (9 inches) baked

In a saucepan, crush 1-cup berries. Add water; simmer for 3 minutes. Strain, reserving juice; discard pulp and seeds. Add enough water to juice to measure 1 cup liquid. In a saucepan, combine sugar, cornstarch and salt. Slowly stir in raspberry liquid. Bring to a boil; cook and stir for 2 minutes. Remove

for heat; cool. Place remaining raspberries in cooked pastry shell, pour glaze over top. Refrigerate for 1 to 3 hours to set. Yield 6 –8 servings.

WIC note: WIC is very happy to welcome **Sherri Cannon**. She started working at WIC on May 23, 2003. We are so glad you have joined us **Sherri!** On June 4th, WIC nutritionists attended a 'Child Obesity' teleconference at the State WIC office. On June 30th, WIC staff attended a 'Civil Rights' training session



NURSING DIVISION



Booker T. Washington is quoted as saying,

"Few things help an individual more than to place responsibility upon him [her] and to let him [her] know that you trust him [her]." George Eliot is quoted as saying, "Those who trust us, educate us." There are eight in the Nursing Unit who really *really*, really need your help. They have been accepted as a committee of Campaign Coordinators [many hands make light work]. Please trust them with your magnificent donation to the Florida State Employees' Charitable Campaign (FSECC) because these eight are the chosen ones to learn how to conduct a charitable campaign drive. With your trust and assistance, they will learn and they are motivated to have the highest results of any previous campaign. They cannot do this without you. Placing your trust and your dollars/pledges into their hands helps to teach them the management of a campaign, and your dollars will go to a charity of your choosing through this state supported campaign drive of 2003. When you see anyone of the following employees in the Nursing Unit, generously give to them your pledge or your \$\$. THE SOONER THE BETTER! The more proactive you are during this pledge drive, the least amount of annoyance you experience. The magnificent eight are:

- Carolyn Christopher
- Lorraine Hampton
- Aleta Jarrett
- Amalia Kane-Crawford
- Marian Lockwood
- Donna Moore
- Virginia Pristas
- Barbara Roufa

Catherine "CAT" Antoine of the Department of Health Executive Staff Office is the 2003 FSECC Statewide Coordinator.

On May 27, 2003, Administrator Arthur P. Cooper and R.N. Consultant Amalia Kane-Crawford prepared several proclamations that were presented by the Leon County Board of Commissioners. The proclamations were presented to representatives from Tallahassee Memorial Hospital. Tallahassee Community Hospital, Tallahassee Police Florida of Department, Department Law Enforcement, and the Leon County Sheriff's Office for their cooperation and assistance to the Public **Health Preparedness Smallpox Teams.**

Representatives from the Nursing Unit attended and participated at the following conferences:

June 3 and June 4: The 2003 State Epidemiology Seminar

June 9 through June 13: **The 2003 Governor's Hurricane Conference**

June 12: The Public Health Nurses Preparedness Conference

On June 9, 2003, Administrator Arthur P. Cooper and Sr. Community Health Nursing Director Frankie J. Mathews sponsored an appreciation luncheon for all participants of OVF 1(Operation Vaccine Florida Phase.

Mr. Cooper spoke about public health and specifically, the Smallpox Program, as it is the most

recent Bioterrorism project. He mentioned the importance of Public Health employees' dedication during the times of disease, natural disasters and other events adversely affecting the public masses.

Mrs. Mathews complimented the staff and those who volunteered to receive the Vaccinia. Mathews presented Certificates of Appreciation to the members of the Public Health Preparedness Small Pox Program leadership team, and letters of commendation were given to each participant in the Smallpox Program with a copy to their personnel files. R.N. Ann Waltz surprised Ms. Mathews with her own Certificate of Appreciation.

The group divided into four small discussion groups. Their mission was to identify the strengths and weaknesses of the OVF1 program. The knowledge gained will be used in public health preparedness activities of the future.



Congratulations to **Debbie** and Montel Holmes on the June 25, 2003, arrival of their first child and daughter who made her appearance at approximately 1:25 p.m. weighing in at 7.5 ounces. The little girl was named Nia Imani Holmes.

NURSING MONTHLY REPORT - May 2003

Total number of patients served in clinics:

OF SERVICES

OF PATIENTS

10

1

1

0

12

	THIS MONTH	YEAR TO DATE	THIS MONTH	YEAR TO DATE
Municipal Way	1,812	13,790	210	1,851
Roberts & Stevens	3,938	32,415	285	5,251
Mobile Health Unit	186	1,820	1	117
TOTAL	5,936	48,025	496	7,219

Communicable Disease Investigations:

Day Care Inspections:

Centers with Communicable Disease

Technical Assistance visits

Complaint Investigations

TOTAL

Centers re-licensed with 06/03 expiration

8
1
0
0
6
0
0
7
23
0
0
1
1
1
1
49

Healthy Start School Screenings

Number of New Infants assigned	38	Vision	6,831
Number of New Mothers assigned	33	Hearing	6,818
TOTAL NEW ASSIGNMENTS	71	Scoliosis	2,103
		TOTAL SERVICES	15,752





MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1 MAGNOLIA TERRACE 2:00-4:00	EBONY GARDENS 2:00-4:00	3 BRIARWOOD APTS. 2:00-4:00	4 HOLIDAY	5
7	8 SPRINGFIELD APTS. 2:00-4:00	9 OAKRIDGE APTS. 9:30-11:30 ORANGE AVE. APTS. 2:00-4:00	10 WOODVILLE IGA 9:30-11:30 SOUTHWOOD APTS. 2:00-4:00	11	12
14	15 FT. BRADEN 11:30-1:30	16 SUAKOKO VILLAGE 10:00-12:00 COLONADE APTS. 2:00-4:00	17 GRIFFIN APTS. 2:00-4:00	18	19
21	22 CHAIRES 1:30-3:30	23 MICCOSUKEE 2:00-4:00	24 MEADOWS MHC 2:00-4:00	25	26
28	29	30	31		

DIVISION OF HIV/STD/AIDS

FAREWELL TO STAFF MEMBER:

Towana Bonnett's last day with STD/HIV/TB was June 26, 2003. **Towana** has accepted a position with Department of Health State Office, in the HIV/AIDS Minority Division.

HEALTH EDUCATION DIVISION

EMPLOYEE HEALTH

The Leon County Health Department will begin the Employee Weight Loss Program on July 14, 2003 at 12:00 noon in the Municipal Way Auditorium.

This support group will meet weekly to discuss weight loss issues such as types of diet plans, setting realistic goals, individual weight loss progress, the importance of keeping a journal, weight loss set backs, and the importance of exercise.

The goal of this group meeting is to encourage and support each other in order to lose weight and obtain good health. Look for upcoming e-mails.

To find out more information, please contact Laurie Osgood at extension 118.

DIVISION OF ADMINISTRATIVE SERVICES

ANNOUNCING!!!

Business has extended their mail run service to include Environmental Health and the Southside locations. Mail will be delivered and picked up to Environmental Health between 8:30 a.m. and 9:00 a.m., daily. Mail will be delivered to Southside between 4:30 p.m. and 5:00 p.m. and picked up between 8:00 a.m. and 8:30 a.m., daily.

Also, we drop off mail Friday afternoons at the mailbox located in front of the sheriff's office. If you have mail that needs to go out on Friday, please bring it to the Business office by 3:30 p.m.





On May 30th **Awanda De Lancey** eloped with L. Johnson to become an elated **Mrs. Awanda Johnson**. Congratulation **Awanda**!

THE OFFICE OF VITAL STATISTICS

May 2003 Count

Resident Birth	566	
Non Resident Birth	278	
New Birth Certificates Sent To Jacksonville	322	
Death Certificates Issued	1,271	
New Death Certificates Sent To Jacksonville	180	

GRATIFYING OBSERVATION ABOUT A VITAL STATISTIC STAFF MEMBER:

The Independent Funeral Directors State meeting was held on June 21, 2003. While there, Charles McClellan, Funeral Director from over in Quincy told Robin Sheppard who is the Quality Assurance Representative from the State Health Program Office, that if all registrars were like Margie Hinson, we would have no problems in Florida. Way to go Margie, we are proud of you, keep up the good work.

SOCIAL SERVICES DIVISION

In the last issue of the GEMS Social Services had a humorous article. In these difficult days we need to have some relief and be able to laugh. It is therapeutic to laugh and may bring some relief to us in the days ahead.

FAREWELL TO TWO STAFF MEMBERS!

As many of you know the legislature did not include money in this years budget for the KidCare outreach program. What this means to us is that we lose two positions. Rochelle Wyatt and Angela Bell will no longer be employed with the Health Department. Angela has accepted a position with Healthease and at this time Rochelle is looking at moving to Atlanta. We wish them both the best in their future endeavors.

CHILDBIRTH EDUCATION CLASSES:

Social Services is teaching childbirth education classes, we have two evening sessions and one afternoon session. If you have anyone that is interested they can sign up by calling 922-6800.

During the month of May we interviewed 64 pregnant women and provided them with Medicaid and prenatal education.

FLORIDA KIDCARE CHILDREN'S HEALTH INSURANCE PROGRAM CHANGES

Tallahassee —Florida KidCare, the state's children's health insurance program, announced today that the program would continue serving children in the new state fiscal year, which starts July 1, 2003. The Florida KidCare program — including Medicaid for children, MediKids, Healthy Kids, and the Children's Medical Services Network — provides health care coverage to 1.4 million Florida children, from birth to age 19.

"The Florida KidCare children's health insurance program represents a tremendous advancement

in child health," said Florida Department of Health Secretary John O. Agwunobi, M.D., M.B.A. "Children need access to high-quality, affordable health care to stay healthy and develop normally."

The Legislature made several changes to the Florida KidCare program in the most recent special session:

- Florida KidCare Enrollment. Families that need health insurance for their children should continue to apply, since applications will be accepted and children enrolled as space is available and according to the date their application is received. Waiting lists may be necessary in the coming year because of enrollment limits. However, Medicaid will continue to accept applications and enroll eligible children all year; waiting lists do not apply to Medicaid.
- Monthly Premium Payment Increase. Effective July 1, 2003, the minimum monthly premium is \$20 for MediKids, Healthy Kids, and the Children's Medical Services Network (non-Medicaid). Parents need to pay the higher premium, because their children could be disenrolled for at least 60 days if they don't. There is no monthly premium for Medicaid.
- Healthy Kids Program Changes. Effective July 1, 2003, Healthy Kids dental benefits will be limited to \$750 per child, per year. On October 1, 2003, co-payments for children enrolled in Healthy Kids will increase to \$5 for certain health services.

Funding for the Florida KidCare Outreach program, which provided support in local communities for families to understand the Florida KidCare program and help them with applying for it, has been eliminated beginning in July. Said Dr. Agwunobi, whose department administered the Outreach program, "Although

the loss of this vital part of Florida KidCare will affect our ability to reach out to families who may be eligible for the program, I am encouraged by the tremendous support from community partners around the state in helping

continue the vital mission of improving children's health." Families with questions should call the Florida KidCare toll-free line (1-888-540-5437) or visit the Florida KidCare web site (www.floridakidcare.org).

DENTAL HEALTH DIVISION





In May, the final design phase for the new dental clinic had hit a major snag. The architect called to tell us that due to the extensive plumbing, electrical and vacuum requirements we would not be able to do the renovations within our budget. Plans had called for cutting the existing concrete slab in well over 60 different places to accommodate our needs. This and the fact that it is old concrete (which makes it harder as it ages) made our current design cost prohibitive.

Our architect sent over new designs that would reduce the number of cuts that would need to be made in the slab. Unfortunately, all of the changes compromised the efficiency of the clinic and quite frankly, I didn't like them. He also said to start thinking about things that we can cut out to reduce the budget. I felt a headache coming on and an ulcer starting.

That night, unable to shut my brain off while drifting in and out of sleep, I woke up with a "crazy idea". The building at present is nothing more than an old warehouse with high ceilings. Why couldn't we just lay the pipes we need on the existing floor and pour concrete over them to make a new slab? We really don't need 10-foot ceilings in the operatories, which is what our design had. But what do I know about architecture.

The next day I sheepishly phoned the architect and told him I had a crazy idea. I told him that he wouldn't hurt my feelings if he told me it was stupid. I asked him if it was possible to create a new slab with our plumbing etc. above the existing slab. All we would do was to lose a little vertical dimension and have to change the entrance's (2) to the building. There was a long pause on the other end of the phone.

He then replied, "That's a great idea, why didn't I think of that!"

We then chatted for a long while about the building, it's design and other subjects such as a job offer at his firm when I wanted to give up dentistry. While the final design will still include some concrete cutting for sewer lines, the majority of all the new plumbing will be in the "new slab".

Ideas, suggestions and questions all come under the same philosophy of "nothing ventured, nothing gained." It reminds me of one of my favorite Chinese proverbs: "He who ask question isa fool for a minute. He who no ask question.....is a fool for a lifetime."

Dental Clinic Activities May 2003

Patient Visits - 378

Preventive activities (cleanings, sealants, oral hygiene instructions) - 538

Total services - 1469

A round of applause goes out to own Dr. Zapert:

Dr. Zapert:

I am so appreciative that you made a presentation to the dental auxiliary students on "Public Health". It was outstanding! You made it so interesting. One of the assisting students, Leslie Taylor, said it gave her a "new perspective, and a great deal of respect for you."

You have been a loyal supporter of our Dental Programs. For that, we are also grateful.

Respectfully,

Nancy McKissock, CDA, RDH, MS Instructor, Dental Health Programs - Tallahassee Community College

THE EDITOR'S MAILBOX





Firework Safety

According to PREVENT BLINDNESS AMERICA, nearly 13,000 fireworks victims keep hospitals busy every year. More than half of those injured is children. Fireworks not only injure users, but also 40 percent of fireworks mishaps injure bystanders.

The three types of fireworks that keep hospital emergency rooms busy during this holiday period are bottle rockets, firecrackers, and sparklers. Bottle rockets and firecrackers can fly in any direction prior to exploding and sparklers burn at temperatures hot enough to melt gold.

One of the reason's fireworks injuries continue to occur is because people just don't consider how dangerous these devices can be. People often don't realize - until they are injured - that the risk of blindness or injury outweighs the excitement of taking risks with fireworks. And giving fireworks to young children can mean a trip to the hospital emergency room.

Do you know your firework safety?

Take the test below and find out. Choose from either True or False.

- 1. Fireworks injuries can only occur during the Fourth of July
- 2. Sparklers are safe fireworks and can be given to children
- 3. Gunpowder is a major ingredient in most types of fireworks
- 4. Only people who are careless or unsupervised are injured from fireworks
- 5. Only people who set off fireworks risk injuries
- 6. Males are more likely to get hurt from fireworks
- 7. Bottle rockets are not dangerous because they're just firecrackers tied to a stick
- 8. Homemade fireworks are safer than store bought fireworks
- 9. Using fireworks is an inexpensive way to celebrate the Fourth of July
- 10. My state bans fireworks

ANSWERS:

- 1. **FALSE** While most fireworks injuries do occur during the July 4th holiday, many injuries also happen during Labor Day, New Years Eve, Christmas, and Mardi Gras.
- 2. **FALSE** -Sparklers is the second highest cause of fireworks injuries that require hospitalization. Most of these injuries occur among preschool-age children. Sparklers are dangerous because they burn at a temperature hot enough to melt gold (1,800 degrees F!)
- 3. **TRUE** Most fireworks contain gunpowder, which causes these devices to explode. Class C fireworks (e.g. firecrackers) are legal in many states and contain up to 50 mg. of gunpowder. Anything higher and the fireworks may be compared to an explosive bomb.
- 4. **FALSE** Because fireworks are unpredictable, injuries can occur even if the person is careful or under supervision. The best way to avoid injury is not to use fireworks
- 5. **FALSE** When it comes to fireworks, no one is safe! Prevent blindness estimates that nearly 40 percent of fireworks injuries are to bystanders.
- 6. **TRUE** Men and boys are the most frequent users of fireworks. That's why four out of every five fireworks
 - injuries happen to males. Men between the ages of 22-44 and boys ages 12-14 are the most common victims.
- 7. **FALSE** Bottle Rockets are among the most dangerous fireworks available today. They account for the **majority** of all fireworks injuries that lead to permanent eye damage. Bottle Rockets can move as fast as 200 miles per hour, explode in mid air, and fly in any direction.
- 8. **FALSE** Homemade fireworks are often more hazardous. Those who make their own fireworks tend to combine the chemicals from other devices to create a bigger -- and more dangerous -- explosion.
- 9. **FALSE** The cost of treating a fireworks injury far outweighs the cost of a single fireworks package, which is \$2.00. The average hospital emergency room charges approximately \$80 for one visit. This price does not include the cost families must pay for possible permanent injury, physical therapy, or blindness.
- 10. **TRUE and FALSE** The answer depends on where you live. Only 11 states ban all types of fireworks; six states allow sparklers and/or snakes; 29 including the District of Columbia, allow class C fireworks; and two have no fireworks laws at all. Fireworks are allowed in Louisiana, Mississippi, Alabama, and Florida.





Julia Manciagli 7/3
Frankie Mathews 7/16
Earline Gaines 7/19
Maureen Brown-Muir 7/29

Emily Johnson 7/7 Jane Howard 7/16 Brenda Brandon 7/19 RoseAnn Scheck 7/31 Belinda Dickens 7/9 Deidra Wilson 7/17 Sylvia Hooker 7/28

FAVORITE RECIPE

Ice Cream Cake

Ingredients:

- 1 (10 inch tube pan) angel food cake
- 2 quarts strawberry ice cream, softened
- 4 cups confectioners' sugar
- 8 ounces cream cheese
- 1/2 pint fresh strawberries

Slice prepared Angel Food Cake in half horizontally. Spread softened strawberry ice cream on bottom layer. Put top layer on top of the ice cream. Freeze cake for 45 minutes to an hour. Mix cream cheese & confectioner's sugar until light & fluffy. About 15 minutes before serving remove cake from freezer & spread the cream cheese mixture over top & sides. Garnish with fresh strawberries.

FOR THE FUN OF IT

